

**DIVISION OF BUILDING INSPECTIONS – NEW RESIDENTIAL
PLAN REVIEW SUBMISSION SHEET**

ADDRESS: _____

CONTACT PERSON: _____ **PHONE #** _____

DATE SUBMITTED: _____

TO BE COMPLETED BY APPLICANT

Please complete the following checklist:

Completed and signed building permit application.....	Yes <input type="checkbox"/> No <input type="checkbox"/>
Site plan drawn to scale on paper no smaller than 8 ½ x 11 with all dimensions legible.....	Yes <input type="checkbox"/> No <input type="checkbox"/>
Dimensions of lot and house shown.....	Yes <input type="checkbox"/> No <input type="checkbox"/>
Distance from all property lines shown.....	Yes <input type="checkbox"/> No <input type="checkbox"/>
All platted building lines and easements shown	Yes <input type="checkbox"/> No <input type="checkbox"/>
Dimensions of porches, patios, decks, and driveways shown	Yes <input type="checkbox"/> No <input type="checkbox"/>
Drainage shown	Yes <input type="checkbox"/> No <input type="checkbox"/>

Full set of plans including the following:

Foundation plan – Must include girder system and pier spacing	Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement foundation wall design if applicable.....	Yes <input type="checkbox"/> No <input type="checkbox"/>
Wall section that reflects sizes of structural members	Yes <input type="checkbox"/> No <input type="checkbox"/>
Framing plan or sufficient structural information to determine beam sizes, joists, and rafter spans, etc.....	Yes <input type="checkbox"/> No <input type="checkbox"/>
Floor plan with all rooms identified.....	Yes <input type="checkbox"/> No <input type="checkbox"/>
Front, side and rear elevations	Yes <input type="checkbox"/> No <input type="checkbox"/>
Signed elevation statement and an affidavit of sanitary connections if applicable	Yes <input type="checkbox"/> No <input type="checkbox"/>
Worker's Compensation Certificate of Insurance or Affidavit	Yes <input type="checkbox"/> No <input type="checkbox"/>

Written approvals, design requirements, or plat requirements, such as:

Division of Engineering	Yes <input type="checkbox"/> No <input type="checkbox"/>
Structural or Soils Engineer	Yes <input type="checkbox"/> No <input type="checkbox"/>
Urban Forester	Yes <input type="checkbox"/> No <input type="checkbox"/>
Historic Preservation.....	Yes <input type="checkbox"/> No <input type="checkbox"/>
Health Department for septic systems.....	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please be advised that if any of these required items are not complete, you will not be able to submit your plans for review. Also, we will not accept payment for a permit that has not been approved. You will be contacted when the review is completed. If your plans are not approved, you will have five (5) working days to correct them or they may be discarded and a resubmission is required.

.....

TO BE COMPLETED BY DIVISION OF BUILDING INSPECTION

APPROVED: _____ **DISAPPROVED:** _____ **APPLICANT CONTACTED** _____

COMMENTS: _____

REVIEWED BY: _____ **DATE** _____

BUILDING PERMIT APPLICATION

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT

Division of Building Inspection, 101 East Vine Street, Lexington, KY 40507

MAILING ADDRESS: 200 East Main Street, Lexington, KY 40507

Construction Location:					Infill: <input type="checkbox"/> Yes <input type="checkbox"/> No		Zone:	
Owner:						Phone:		
Address:								
City:					State:		Zip:	
Contractor:					Phone:		Registration #	
Address:								
City:					State:		Zip:	
Lot No.:		Subdivision:			Phase:		Plat Date:	
Unit:	Section:	Subsection:	Block:	Sewer: <input type="checkbox"/> Septic: <input type="checkbox"/>	Construction Cost:			
# of Buildings:	# of Units:	# of Stories:	# of Habitable Rooms:	# of Bedrooms:	# of Baths:		# of ½ Baths:	
Foundation : Slab <input type="checkbox"/> Crawl <input type="checkbox"/>				Basement: Unfinished <input type="checkbox"/> Finished <input type="checkbox"/>				
Floodplain: In <input type="checkbox"/> Out <input type="checkbox"/> Released <input type="checkbox"/>				Flood Protective Elevation:				
					Sq. Ft.		Total \$	
Living area all finished floors including finished basements, attached and basement garages, covered porches, stoops, breezeways and decks (1500 sq. ft. or less – minimum \$25; over 1500 sq. ft. - minimum \$50)						X .02		
Paving and driveways (\$25 minimum)						X .006		
Exaction Fee						Per Plat		
Impact Fee – Single Family (Not applicable if exaction fee paid)						+ 180.00		
Duplex (per unit)						X 120.00		
Townhouse (per unit)						X 120.00		
Apartments (per unit)						X 100.00		
Curb Cuts (per cut)					<input type="checkbox"/> Box Curb <input type="checkbox"/> Roll Curb	X 10.00		
PAID BY: Cash <input type="checkbox"/> Check <input type="checkbox"/> Check #:							\$	
NOTES: <ul style="list-style-type: none">• SOME TYPES OF CONSTRUCTION MAY REQUIRE FIRE-RESISTIVE WALL SYSTEMS.• TERMITE INSPECTION REPORT REQUIRED PRIOR TO ISSUANCE OF CERTIFICATE.• FRAMING INSPECTION MUST BE SCHEDULED PRIOR TO DRYWALLING.• CERTIFICATE OF OCCUPANCY, ISSUED UPON FINAL INSPECTION BY THIS OFFICE, IS REQUIRED PRIOR TO THE OCCUPANCY OF THIS BUILDING.• MINIMUM FINISHED FLOOR ELEVATION, IF REQUIRED, MUST BE PROVIDED PRIOR TO FRAMING.								
REVIEW NOTES:								
THE UNDERSIGNED HEREBY CERTIFIES THEY ARE THE OWNER OR THE OWNERS'S AGENT OF THE ABOVE PROPERTY AND THAT THEY HAVE RECEIVED AND UNDERSTAND THE "EROSION CONTROL REQUIREMENTS FOR HOMEBUILDERS".								
SIGNATURE: _____					DATE: _____			
WORKER'S COMP CERT. ON FILE – EXP. DATE: _____ LIABILITY INSURANCE EXP. DATE _____								
APPROVED BY: _____								
HANDOUTS GIVEN: WINDOW, FIREPLACE, DECK, FIRE DEPT. NOTICE								

PLAN REVIEW DATA

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT
Division of Building Inspection, 101 East Vine Street, Lexington, KY 40507
MAILING ADDRESS: 200 East Main Street, Lexington, KY 40507

BUILDING CODE: KRC 2007

1. Type of Building:

Single Family ☐ Duplex ☐ Townhouse ☐ Other ☐

Description: _____

2. Footer Size:

Footer Depth Below Grade: (Minimum 24")

3. Foundation Type:

Slab ☐ Crawl ☐ Basement ☐

Basement Type:

Unfinished ☐ Finished ☐

4. Foundation Thickness:

Foundation Materials:

Block ☐ Concrete ☐

Basement Foundation Design:

Wall Height:

Max Backfill:

5. Girder Size/Type:

Girder Pier Spacing:

Special Beams:

6. Sill Plate Fastener Type:

Bolts ☐ (6 ft. o. c.) Straps ☐ (3 ½ ft. o.c.) Other ☐

7. Floor Joists: First Floor _____ Spacing _____ O.C. Other _____

Second Floor _____ Spacing _____ O.C.

8. Floor Sheathing:

Type/Thickness _____

Roof Sheathing:

Type/Thickness _____

9. Stud size:

Spacing Standard:

Girder or foundation wall (basement) studs:

_____ First Floor _____ Second Floor

_____ First Floor _____ Second Floor

_____ Size _____ Spacing

10. Ceiling Joist:

Size: _____ Spacing: _____ O.C.

Will there be attic storage?

Yes ☐ No ☐

11. Rafters:

Standard Size: _____ Spacing: _____ O.C.

Other: _____

Roof Trusses: (Must be pre-engineered)

Yes ☐ No ☐ Other: _____

12. Attached Garage: (Door to house must have 20 min. fire rating)

Storage Above:

Living Space Above:

Drywall Type: _____

Yes ☐ No ☐

Yes ☐ No ☐

13. Safety Glazing:

Glazing in a tub area?

Glazing larger than 9 sq. ft. and located within 18" of the floor?

Within 24" of a door? Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

14. Fireplace: (ALL FIREPLACES MUST HAVE EXTERIOR AIR SUPPLY)

Yes ☐ No ☐ Masonry ☐ Factory Built ☐

Decorative Gas Appliance:

Yes ☐ No ☐

15. Brick Veneer? (WEATHER RESISTANT MEMBRANE REQUIRED)

Yes ☐ No ☐

16. Heating System Type:

Gas ☐ Electric ☐ Location: _____

17. Energy: Compliance with the KRC is required.

Note: One of the following methods is required.

☐ Minimum values as per KRC

☐ Alternative Method: _____

18. Is a wood deck to be constructed?

Yes ☐ No ☐ Size: _____ Height Above Grade: _____

Notes:

AFFIDAVIT OF SANITARY CONNECTIONS

Construction address: _____

I have been notified that the construction of a house with floor, basement or crawl space drains which are lower than the ground surfaces surrounding the building shall not be connected to the building sanitary sewer. No floor, which is lower than 1 ft. above the top of the nearest downstream sanitary sewer manhole, shall be connected by direct drainage (gravity) to the building sanitary sewer.

I understand that it may be necessary to install a sewage ejector pump to discharge sewage at an elevation of 1 ft. above the manhole elevation.

Applicant or Authorized Agent

Print Name

State of Kentucky
County of Fayette

The foregoing Affidavit was acknowledged and sworn to before me by
_____, this ____ day of _____, 200__.

Notary Public
KENTUCKY STATE AT LARGE

MY COMMISSION EXPIRES _____, 200__.

Affidavit of Compliance for Relocation Assistance Program

Property Address: _____

Applicant, pursuant to Article VII Section 5-106 of the Code of Ordinances, hereby declares:

- ☐ Exemption from the requirements of Article VII in Chapter 5 of the Code of Ordinances **due to no tenant(s) being displaced** from due to construction, remodeling, rezoning, redevelopment, demolition or change in use of the above mentioned property.
- ☐ Compliance with the provisions of Article VII in Chapter 5 of the Code of Ordinances, **due to the displacement of tenant(s)**, has been fully met including the distribution of the LFUCG Relocation Assistance Program information to each and every tenant being displaced at the above mentioned property.

So stated, this _____ day of _____, 20__

Signature

Print Name

(COMMONWEALTH OF KENTUCKY
COUNTY OF FAYETTE)

Subscribed, sworn to and acknowledged before me

by _____, on the _____ day of _____, 20__.

My commission expires: _____

Notary Public, State at Large, KY